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| **PPPG Section** | | **PPPG Dev. Group** | **PPPG Approval Group** | | | | | | | | **Document Author** | | | | | |
| Service Provision | | PP 1006 Dev. Group | PP 1006 App. Gov. Gp | | | | | | | | Ciara Shaw | | | | | |
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| **“We would like to hear from you”** | | | | | | | | | | | | | | | |
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| Your feedback matters to us.  It helps us to **improve our services.**  If you have a **comment, compliment** or **complaint** please let us know.  Be assured that you, or the person on whose behalf you are advocating, will not be adversely affected in any way by providing feedback to us.  You can request a copy of our feedback policy, PP 1006, from any member of staff. | | | | | | | | | | | | | | | |
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| ***Section 1: Details of Person Providing Feedback*** | | | | | | | | | | | | | | | |
| Name of person providing feedback: | | |  | | | | | | | | | | | | |
| Name of person accessing services:  (if you are advocating on this person’s behalf) | | |  | | | | | | | | | | | | |
| Address: | | |  | | | | | | | | | | | | |
| Contact Number: | | |  | | | | | | | | | | | | |
| Email address: | | |  | | | | | | | | | | | | |
| Date providing feedback: | | |  | | | | | | | | | | | | |
| Preferred method of communication: | | | Phone | | | Email | | Letter | | | | Other  Specify | |  | |
|  | | | | | | | | | | | | | | | |
| ***Section 2: Type of Feedback and details*** | | | | | | | | | | | | | | | |
| Select the type of feedback you wish to provide: | | | | | Comment | | | | Compliment | | | | Complaint | | |
| Date of experience that the feedback relates to: | | | | |  | | | | | | | | | | |
| Time of experience that feedback relates to: | | | | |  | | | | | | | | | | |
| Location of experience that feedback relates to: | | | | |  | | | | | | | | | | |
| Gheel service that the feedback relates to: | | | | Residential | | | Day | | | | Outreach | | | | Respite |

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| ***Section 3: For Comments and Compliments ONLY. For Complaints proceed to section 4.*** | | | | | | | | |
| Please give your feedback below providing as much detail as possible: | | | | | | | | |
|  | | | | | | | | |
| ***Section 4: For Complaints ONLY. For Comments and Compliments complete section 3.*** | | | | | | | | |
| Please provide as much detail as possible about the nature of your concern. Include details of what happened, when it happened and why it is a cause for concern. | | | | | | | | |
|  | | | | | | | | |
| Was anyone else involved? | | Yes | No | If Yes, provide Name(s): | | |  | |
| Have you done anything to resolve this matter? | | | | | Yes | | No | |
| If yes, provide details below: | | | | | | | | |
|  | | | | | | | | |
| How would you like the issue to be resolved? | | | | | | | | |
|  | | | | | | | | |
| Signed (Complainant): |  | | | | | Date: | |  |

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| **What Happens Now?** |
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| *Comment or Compliment:*  If you have made a comment or given us a compliment, you will receive a letter of thanks shortly. We will use your feedback to inform our service and improve it. If your comment or compliment relates to an individual member of staff, we will let them know. |
|  |
| *Complaint:*  If you have made a complaint, we will try to resolve it to your satisfaction within 24 hours without using our formal complaints process.  If you wish to use the formal complaints process, or if we cannot resolve the complaint to your satisfaction within 24 hours, we will commence our formal complaints process.  You will receive a letter acknowledging your complaint within 5 days of receipt.  We aim to complete our investigation within 30 days of acknowledgement and we will inform you of the outcome and, where appropriate, we will advise you of the appeals process. If for any reason we cannot complete our investigation within 30 days we will let you know before the 30 day deadline and we will update you on our progress every 20 days thereafter.  We will use all learning from the investigation of your complaint to improve our service.  We assure you that you or the person on whose behalf you are advocating, will not be adversely affected in any way by making a complaint. |
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| **Talk** to a local member of staff  **Email** your feedback to [info@gheel.ie](mailto:info@gheel.ie)  **Fill out** a Feedback Form  **Call** the relevant location at any time  **Call** Gheel headoffice @ 01-6291596 from 9am to 5pm Monday to Friday |

**Related Gheel Documents:**

FORM 1003 AC Accessible version of Feedback Form

PP 1006 Feedback – Comments, Compliments and Complaints

**Training Requirements/Communication/Implementation:**

All Staff Members are required to read and understand this form and the associated policy and procedure, PP 1006 Feedback – Comments, Compliments and Complaints.

Communication is a two-way process, if a member of staff feels that implementation of this form and associated policy/procedure differs from practice, this should be highlighted using the process outlined in PP 1001.